

# **Pre-Application Technical Assistance Reports for the Access to Recovery Grant Program**

## **Report on Technical Assistance to Wisconsin**

May 2004

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Center for Substance Abuse Treatment  
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### ***By***

The Performance Partnership Grant  
Technical Assistance Coordinating Center



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
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## **Consultation between Kevin Mulvey, Ph.D., and the State of Wisconsin Written Report**

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### **Introduction (Purpose of TA)**

The State of Wisconsin (the State) requested assistance concerning the evaluation of client satisfaction in the Access to Recovery (ATR) grant program. Hal Krause, CSAT's Project Director for Pre-Application TA for the ATR program, arranged for TA from an expert at CSAT—Kevin Mulvey, Ph.D., a social science analyst in the Division of Services Improvement.

### **Methodology**

The TA took place by telephone on May 21, 2004. The TA was informal and entailed the discussion of questions related to the issues identified in the Purpose of the TA. Participants from CSAT included the expert (Kevin Mulvey, Ph.D.), as well as Hal Krause and Andrea Kopstein, Ph.D. Representatives from the State of Wisconsin, Milwaukee County, and Metahouse included Jim Beer, Ph.D., and his executive director Francine Feinberg from Metahouse, Patricia Aniakudo, David Jaet of Milwaukee County, and Donna Atkinson of Westat. Contractor participants included Kazi Ahmed, Ph.D., Careema Yusuf, Mary Hayes, and Pat Kassebaum from Johnson, Bassin & Shaw, Inc. (JBS), and Carol Seaver and Susan Heil, Ph.D., from AIR. The call lasted approximately 1 hour. (For the background and experience of the CSAT expert, see the last section of this report.)

The notes summarized in this report are paraphrased and are not verbatim.

### **Content of TA Discussion**

Wisconsin requested assistance in identifying instruments and methods that can capture two aspects of client satisfaction: (1) clients' satisfaction with the individual agencies that provide the services they receive, and (2) clients' satisfaction with the overall voucher system itself, including such factors as access, choice, and the responsiveness of the system as a whole to the client's needs. Wisconsin is also concerned about identifying cost-effective methods for capturing the most robust data possible, including findings not only from those who are officially discharged but also from clients who drop out of services. The State feels that to collect data only from clients who complete treatment would create a positive bias.

### ***Issue #1: Client satisfaction instruments***

**Wisconsin:** Can CSAT recommend validated and reliable instruments to measure clients' satisfaction with their individual service providers as well as with the ATR voucher system as a whole? The instrument asking about providers should be short, since clients will be asked to evaluate every service they receive. The State is especially eager to locate instruments that are multidimensional; that is, instruments with subscales that measure various domains of consumer satisfaction, rather than providing one single unidimensional, global satisfaction score.

**CSAT:** Since the ATR voucher system is new, there will be no reliable, validated instrument for measuring client satisfaction with this model. The State is free to use or modify whatever instruments suit its purposes. If the State knows of appropriate, validated scales, those instruments can certainly be used. We can suggest some reliable satisfaction instruments used for other programs, but we expect that each State is likely to want to modify these basic instruments to fit their circumstances.

The RFA requires that programs assess client satisfaction with the voucher system of care. Most existing scales are designed to measure the client's satisfaction with the specific services they have received, rather than to measure the voucher system as a whole. Our suggestion is to select an instrument asking about satisfaction with individual providers, use this tool as a base, and simply add a few questions pertaining to satisfaction with the overall system. Examples would be: "Do you feel this voucher system allowed you to access services you might not have gotten otherwise?"

The State would collect the data from this instrument at each agency in the voucher system, which will show client satisfaction at the level of the individual provider. Then the State can aggregate the results across all the agencies within the voucher network, which would give a measure at the systems level.

In terms of instruments, CSAT suggested the following:

- The Client Satisfaction Questionnaire (CSQ), by Atkinson, which is reliable and validated and comes in four versions, depending on the number of questions: CSQ-18, CSQ-12, CSQ-10, and CSQ-8. Both CSAT and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) have used these instruments in a number of programs and studies.
- The Mental Health Statistics Improvement Program (MHSIP) survey, which was modified for use with substance abuse clients by a number of States in CSAT's Treatment Outcomes Performance Pilot Studies Enhancement (TOPPS II) study.

**Wisconsin:** Can you give us a list of States that have modified the MHSIP? We'd like to make contact with States that have made such modifications.

**CSAT:** We will ask our contractors to develop an initial list of client satisfaction instruments available in the public domain. We will also try to arrange with States that have modified the MHSIP to make these versions available for other States to see and/or use. This will take several days or more. The information collected will be made available to Wisconsin and simultaneously put on the SAMHSA ATR Web site for use by all States. In the meantime, we suggest that Wisconsin's ATR application can simply reflect that the State is engaged in identifying an instrument and will select the best option when more complete information becomes available.

Included as Attachments are four Client Satisfaction Surveys from several sources, plus information on downloading a fifth instrument. Three of the client satisfaction surveys come from the Treatment Outcomes and Performance Pilot Studies Enhancement (TOPPS II) project. The TOPPS II Program was funded by Substance Abuse and Mental Health Systems Administration (SAMHSA)'s Center for Substance Abuse Treatment (CSAT). The three surveys are from California, Maryland, and New Jersey. For any questions about the surveys please contact: Liz Evans (310) 445-0874, ext. 242 for the California survey; Amelia Arria (301) 405-9770 for the Maryland survey; and Charles Crowley (609) 292-8930 for the New Jersey survey. The fourth survey instrument is the Experience of Care and Health Outcome (ECHO) Survey, Version 3.0. This survey contains 88 items, of which items 39 through 50 may be used for rating of satisfaction with counseling or treatment services. For reports and a downloadable copy of the ECHO Survey, please go to:

[<http://www.hcp.med.harvard.edu/echo/home.html>](http://www.hcp.med.harvard.edu/echo/home.html). Also included as an Attachment is a modified version of the ECHO Survey, which contains 36 items.

### ***Issue #2: Methods of collecting information from drop-outs***

CSAT and Wisconsin participants in the teleconference explored methods for acquiring satisfaction data from clients who drop out before their planned discharge. It was felt that the exit interview might provide a venue for asking about satisfaction, but only for clients in residential treatment.

CSAT pointed out that, in the TOPPS II project, some States collected satisfaction data monthly. If the client dropped out, the program had records regarding satisfaction of that client and could use the last data available. One practical method is to assess the pattern of attrition in any particular program and to set collection times accordingly. For example, if the bulk of a program's client attrition is occurring after 60 days, the program might want to collect satisfaction data at the 2-month point.

### **Consultant's Background**

Dr. Kevin P. Mulvey, is an Applied Sociologist with the Center for Substance Abuse Treatment (CSAT), Division of Services Improvement in the Organization and Financing Branch working as a Lead Social Science Analyst/Team Leader. His primary projects at CSAT involve the implementation across CSAT of the Government Performance and Results Act (GPRA) of 1993. His areas of interest include but are not limited to the following sub-populations: Homelessness, Criminal Justice, and Substance Users/Abusers.

Prior to the Federal Government, he has been the Director of Evaluation on a 3 year NIAAA demonstration grant 1988-1991 in Boston. In addition, he was the Senior Evaluator on a 5 year CSAT Boston Target Cities Demonstration Project. In this capacity he has assisted with the design and implementation of the project. He also assisted programs and core staff with the utilization of data for management purposes. His responsibilities also included assisting the Director of the Evaluation with the research activities.

He is currently an adjunct professor in Sociology at George Washington University where he teaches courses on Research Methods, Techniques of Data Analysis, Evaluation Research and Drugs and Society. He received his PhD in 1993 from Northeastern University and his areas of expertise are Deviance, Applied Sociology specifically Program Evaluation, and Quantitative Methodology. He also has a Master's Degree (1986) in Applied Sociology from the University of Massachusetts at Boston, as well as a Certificate in Public Health (2004) from the University of North Carolina.

## California TOPPS II Client Satisfaction Survey

Now I am going to read some statements about the services and other aspects of the program and I want you to tell me if you **Strongly Agree, Somewhat Agree, Are Neutral** (don't **fell strongly one way or the other**), **Somewhat Disagree or Strongly Disagree** with the statements.

If you don't remember all the answer choices, I'll repeat them as often as you need. OR it may be easier if you write down the choices so you can see them in front of you.

1. I received services in a timely manner.

1	2	3	4	5
<i>Strongly Agree</i>	<i>Somewhat Agree</i>	<i>Neutral</i>	<i>Somewhat Disagree</i>	<i>Strongly Disagree</i>

2. The location of the services was convenient.

1	2	3	4	5
<i>Strongly Agree</i>	<i>Somewhat Agree</i>	<i>Neutral</i>	<i>Somewhat Disagree</i>	<i>Strongly Disagree</i>

3. I was asked to participate in my recovery or treatment plan.

1	2	3	4	5
<i>Strongly Agree</i>	<i>Somewhat Agree</i>	<i>Neutral</i>	<i>Somewhat Disagree</i>	<i>Strongly Disagree</i>

4. Staff respected my background (e.g. age, gender, race, culture, ethnicity, sexual orientation, disability, lifestyle, etc.).

1	2	3	4	5
<i>Strongly Agree</i>	<i>Somewhat Agree</i>	<i>Neutral</i>	<i>Somewhat Disagree</i>	<i>Strongly Disagree</i>

5. Staff helped me believe that I could change and improve my life.

1	2	3	4	5
<i>Strongly Agree</i>	<i>Somewhat Agree</i>	<i>Neutral</i>	<i>Somewhat Disagree</i>	<i>Strongly Disagree</i>

6. I have learned skills to help me to better manage my life.

1	2	3	4	5
<i>Strongly Agree</i>	<i>Somewhat Agree</i>	<i>Neutral</i>	<i>Somewhat Disagree</i>	<i>Strongly Disagree</i>

7. I would return to this program if I needed alcohol or other drug treatment/recovery services in the future.

1	2	3	4	5
<i>Strongly Agree</i>	<i>Somewhat Agree</i>	<i>Neutral</i>	<i>Somewhat Disagree</i>	<i>Strongly Disagree</i>

8. I would recommend this program to a friend in need of alcohol or other drug treatment/recovery services.

1	2	3	4	5
<i>Strongly Agree</i>	<i>Somewhat Agree</i>	<i>Neutral</i>	<i>Somewhat Disagree</i>	<i>Strongly Disagree</i>

9. I got the kind of service I wanted.

1	2	3	4	5
<i>Strongly Agree</i>	<i>Somewhat Agree</i>	<i>Neutral</i>	<i>Somewhat Disagree</i>	<i>Strongly Disagree</i>

10. The services I received helped me deal more effectively with my problems.

1	2	3	4	5
<i>Strongly</i>	<i>Somewhat</i>	<i>Neutral</i>	<i>Somewhat</i>	<i>Strongly</i>
<i>Agree</i>	<i>Agree</i>		<i>Disagree</i>	<i>Disagree</i>

11. In an overall, general sense, I am satisfied with the service I received.

1	2	3	4	5
<i>Strongly</i>	<i>Somewhat</i>	<i>Neutral</i>	<i>Somewhat</i>	<i>Strongly</i>
<i>Agree</i>	<i>Agree</i>		<i>Disagree</i>	<i>Disagree</i>

For the next questions please tell me if you agree **Very Much, Pretty Much, Somewhat, A little** or **Not at All**. It might help if you write the choices on a piece of paper.

	Very much	Pretty much	Some what	A little	Not at all
12. How much do you feel your counselor (or counselor of the treatment program) agrees with you about what would be useful goals for your treatment?	1	2	3	4	5
13. How much does (did) your counselor show a sincere desire to understand you and your problems?	1	2	3	4	5
14. How much do you feel that you are (were) working together with your counselor that the two of you are (were) joined in a struggle to overcome your problems?	1	2	3	4	5
15. How satisfied do you feel with treatment (how satisfied were you with treatment)?	1	2	3	4	5
16. How much has (did) the treatment you have received in this program matched with your ideas about what helps people in treatment?	1	2	3	4	5

## Maryland TOPPS II Client Satisfaction Survey

**Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much; we really appreciate your help.**

- 1. How would you rate the quality of service you have received?**
  - Excellent
  - Good
  - Fair
  - Poor
- 2. Did you get the kind of service you wanted?**
  - No, definitely not
  - No, not really
  - Yes, generally
  - Yes, definitely
- 3. To what extent has our program met your needs?**
  - Almost all of my needs have been met
  - Most of my needs have been met
  - Only a few of my needs have been met
  - None of my needs have been met
- 4. If a friend were in need of similar help, would you recommend our program to him or her?**
  - No, definitely not
  - No, I don't think so
  - Yes, I think so
  - Yes, definitely
- 5. How satisfied are you with the amount of help you have received?**
  - Quite dissatisfied
  - Indifferent or mildly dissatisfied
  - Mostly satisfied
  - Very satisfied
- 6. Have the services you received helped you to deal more effectively with your drug/alcohol problem?**
  - Yes, they helped a great deal
  - Yes, they helped somewhat
- 7. In an overall, general senses, how satisfied are you with the service you have received?**
  - Very satisfied
  - Mostly satisfied
  - Indifferent or mildly dissatisfied
  - Quite dissatisfied
- 8. In general, how satisfied are you with the comfort and attractiveness of our facility?**
  - Quite dissatisfied
  - Indifferent or mildly dissatisfied
  - Mostly satisfied
  - Very satisfied
- 9. In general, have the receptionists and secretaries seemed friendly and made you feel comfortable?**
  - Yes, definitely
  - Yes, most of the time
  - No, sometimes not
  - No, often not
- 10. If you were to seek help again, would you come back to our program?**
  - No, definitely not
  - No, I don't think so
  - Yes, I think so
  - Yes, definitely
- 11. How many weeks have you been attending this treatment program?**
  - 1 – 4 weeks
  - 5 – 8 weeks
  - 9 – 12 weeks
  - 13 – 16 weeks
  - more than 16 weeks
- 12. What kind of treatment are you receiving at this program?**
  - Methadone maintenance
  - Drug-free outpatient
  - Residential
- 13. How severe was our drug/alcohol problem when you were admitted to this treatment program?**
  - Not severe at all
  - A minor problem



No, they really didn't help  
No, they seemed to make things worse

**14. How were you referred to this treatment program?**

Self, family, school, employer, other community  
Other treatment program  
DWI/DUI  
Probation  
Other criminal justice

Somewhat severe  
Very severe

**19. What is your sex?**

Male  
Female

**20. Do you feel your treatment was sensitive to your needs as a woman or man?**

No, definitely not  
No, I don't think so  
Yes, I think so  
Yes, definitely

**15. What is the primary way you pay for your treatment?**

Self/family funds  
Private insurance (e.g. HMO, Blue Cross)  
Public insurance (e.g. Medicaid, Health Choice)  
I don't pay for treatment

**21. How old are you?**

**16. Was your income and number of dependents taken into consideration when the program determined the charge for your treatment?**

Yes  
No  
I don't know

**22. Do you have any additional comments? If so, please write them in the space below.**

**17. How do you describe yourself? (Fill in all that apply)**

Black (African American)  
Hispanic (Latino/a)  
White  
Asian American, Pacific Islander or East Indian  
Native American  
Other -- specify \_\_\_\_\_

**18. Do you feel the services you received were sensitive to your cultural background?**

No, definitely not  
No, I don't think so  
Yes, I think so  
Yes, definitely

This is the end of the survey. Thank you for helping us. Your responses will help us improve services for future clients.

**Revised MHSIP Instrument****Source: NJ TOPPS II Client Satisfaction Survey**

1	I liked the services that I received here.	1. Strongly Agree
2	If I had other choices, I would still come here for services.	2. Agree
3	I would recommend this service provider to a friend or family member.	3. I am Neutral
4	The services I received here were helpful.	4. Disagree
5	I was given a choice about where I could go for services.	5. Strongly Disagree
6	I was able to get services quickly.	7. N/A
7	I was able to get the services I wanted even though I could not pay.	
8	Staff returned my calls within 24 hours.	
9	I was able to get all the services I thought I needed.	
10	The location of services was convenient (parking, public transportation, etc.)	
11	The staff was willing to see me as often as I felt it was necessary.	
12	Services were available at times that were good for me.	
13	I was able to see a psychiatrist/psychologist when I needed to.	
14	Staff here promotes my growth, change, and recovery.	
15	I felt free to complain.	
16	I felt comfortable asking questions about my treatment and medications.	
17	Staff gave me information about medication side-effects.	
18	Staff respected my wish to discuss spirituality as part of my recovery and treatment.	
19	Staff acted appropriately and professionally.	1. Strongly Agree
20	Staff respected my rights.	2. Agree
21	My preferences for medication and treatment were respected.	3. I am Neutral
22	Staff respected my wishes about who can be given information about my treatment.	4. Disagree
23	Staff was sensitive to my cultural/ethnic background including race, religion, language.	5. Strongly Disagree
24	Staff was sensitive to my needs as a parent.	7. N/A
25	Staff helped me obtain the information I needed so that I could take charge of managing my illness.	8. Refused
26	I was encouraged to use consumer-run and self-help programs (Support groups, AA, NA, etc.; drop-in centers).	9. Don't Know
27	Staff believed that I could choose what is best for me.	
28	Staff I worked with was competent and knowledgeable.	
29	I deal more effectively with daily problems.	
30	I feel better about myself.	
31	I am better able to control my life.	
32	I am better able to deal with crisis.	
33	Three months from now, I expect to be drug frees/sober.	
34	I am getting along better with my family.	
35	I do better in social situations.	
36	I do better in school/work related activities.	
37	My housing situation has improved.	
38	I can deal better with people and situations that used to be a problem for me.	
39	I am better able to deal with my alcohol or drug problems.	
40	I have a better understanding of my illness.	
41	On a scale of 1 to 10, where '1' is the poorest rating and '10' is the best rating, what is your overall rating of the treatment services you received from THIS program?	1. Poor thru 10. Excellent 88. Refused 99. Don't Know

## **ECHO – (Modified) Client Satisfaction Survey**

Source: ECHO – Experience of Care and Health Outcome Survey 3.0 2003 version

From CABHS – Consumer Assessment of Behavioral Health Services (like CAPHS) – Adult version

ECHO is public domain – can use questions (though should attribute to ECHO)

But cannot describe as an “ECHO Survey” unless use exact questions etc and their scoring etc.

### **Client Rating of Treatment Quality**

1. Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your counseling or treatment in the last 12 months?

0 Worst Counseling or treatment possible 1 2 3 4 5 6 7 8 9 10 Best counseling or treatment possible

2. Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate your counseling or treatment you received at \_\_\_\_\_?

0 Worst Counseling or treatment possible 1 2 3 4 5 6 7 8 9 10 Best counseling or treatment possible

3. We want to know your rating of all your counseling or treatment in the last 12 months. Use any number from 0 to 10 where 0 is the worst counseling or treatment possible, and 10 is the best counseling or treatment possible. How would you rate all your counseling or treatment?

0 Worst counseling or treatment possible 1 2 3 4 5 6 7 8 9 10 Best counseling or treatment possible

4. In the last 12 months, was there one person who provided most of your counseling or treatment?

Yes

No

5. Using any number from 0 to 10, where 0 is the worst possible and 10 is the best possible, what number would you use to rate the person who provided most of your counseling or treatment?

[Counselor]

0 Worst possible 1 2 3 4 5 6 7 8 9 10 Best possible

6. We want to know your rating of the person who provided most of your counseling or treatment. Use any number from 0 to 10 where 0 is the worst possible and 10 is the best possible. How would you rate the person who provided most of your counseling or treatment?

0 Worst possible 1 2 3 4 5 6 7 8 9 10 Best possible

98 I don't have one person who provides most of my counseling or treatment

### **Recommend**

7. Would you recommend this counseling-treatment center to your friends and family?

Definitely No

Probably No

Probably Yes

Definitely Yes

### **Timely Access to Services**

8. In the last 12 months, did you need counseling or treatment right away? Y/N

If Yes

9. In the last 12 months, when you needed counseling or treatment right away, how often did you see someone as soon as you wanted?

Never

Sometimes

Usually

Always

10. In the last 12 months, not counting times you needed counseling or treatment right away, did you make any appointments for counseling or treatment? YN  
If yes

11. In the last 12 months, not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?

Never  
Sometimes  
Usually  
Always

12. In the last 12 months, how often did you get an appointment for counseling or treatment as soon as you wanted?

Never  
Sometimes  
Usually  
Always  
I didn't make any appointment in the last 12 months

13. In the last 12 months, how often were you seen within 15 minutes of your appointment?

Never  
Sometimes  
Usually  
Always

14. In the last 12 months, how often did you wait at any of the places you went for counseling or treatment more than 15 minutes past your appointment time?

Never  
Sometimes  
Usually  
Always

#### Access to Sufficient Quantity of Services

15. In the last 12 months, how much of a problem, if any, was it to get all the counseling or treatment you thought you needed?

A big problem  
A small problem  
Not a problem

#### Communication and Interaction with Counselors and Clinicians

16. In the last 12 months, how often did the people you went to for counseling or treatment explain things in a way you could understand?

Never  
Sometimes  
Usually  
Always

17. In the last 12 months, how often did the people you went to for counseling or treatment listen carefully to you?

Never  
Sometimes  
Usually  
Always

18. In the last 12 months, how often did the people you went to for counseling or treatment show respect for what you had to say?

Never  
Sometimes  
Usually  
Always

19. In the last 12 months, how often did the people you went to for counseling or treatment spend enough time with you?

Never  
Sometimes  
Usually  
Always

20. In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition?

Yes  
No

21. In the last 12 months, how often did you feel comfortable raising any issues or concerns you had about your counseling or treatment?

Never  
Sometimes  
Usually  
Always

22. In the last 12 months, how often did the people you went to for counseling or treatment act as though they thought you could improve?

Never  
Sometimes  
Usually  
Always

23. Does your language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment you need?

Yes  
No If No, Go to Question 28

24. In the last 12 months, was the care you received responsive to those needs?

Yes  
No

#### Communication and Interaction with Staff

25. In the last 12 months, did you call or talk with office staff at any of the places you went to get counseling or treatment?

Yes  
No

26. In the last 12 months, how often did the office staff you talked with treat you with courtesy and respect?

Never  
Sometimes  
Usually  
Always  
I didn't call or talk with office staff in the last 12 months

27. In the last 12 months, how often were the office staff you talked with as helpful as you thought they should be?

Never  
Sometimes  
Usually  
Always  
I didn't call or talk with office staff in the last 12 months

#### Client Perceived Safety – Group Sessions and Physical Environment

28. In the last 12 months, how often did you feel safe when you were with the people you went to for counseling or treatment?

Never  
Sometimes  
Usually

Always

#### Client Involvement in Treatment Planning

29. In the last 12 months, how often were you involved as much as you wanted in your counseling or treatment?

Never

Sometimes

Usually

Always

#### Participation of Family or Friends in Treatment

30. In the last 12 months, did anyone talk to you about whether to include your family or friends in your counseling or treatment?

Yes

No

#### Treatment Choices

31. In the last 12 months, were you given information about different kinds of counseling or treatment that are available?

Yes

No

32. In the last 12 months, did you feel you could refuse a specific type of treatment?

Yes

No

33. In the last 12 months, were you told about self-help or support groups, such as consumer-run groups or 12 step programs?

Yes

No

34. In the last 12 months, were you given information about your rights as a patient?

Yes

No

#### Client Confidentiality

35. In the last 12 months, as far as you know did anyone you went to for counseling or treatment share information with others that should have been kept private?

Yes

No

36. In the last 12 months, were you always confident that the people you went to for counseling or treatment kept the information about you private?

Yes

No

#### ECHO Scoring

##### Categorizing 0-10 response options

0=worst 10=best

Positive response = higher values

Score values for calculating means and standard deviations – 0-6=1, 7-8=2, and 9-10=3

Score value for calculating rates – 0-8=0, 9-10=1

##### Categorizing Never-Sometimes-Usually-Always response options

Positive response = higher values

Score values for calculating means and standard deviations – Never-Sometimes =1, Usually=2, Always=3

Score value for calculating rates – Never Sometimes Usually = 0, Always =1

Categorizing Much Worse, A Little Worse, About the Same, A Little Better, Much Better response options

Positive response = higher values

Score values for calculating means and standard deviations – Much Worse – A little Worse =1, about the same =2, A little better=3. Much better=4

Score value for calculating rates – Much Worse, A Little Worse, About the Same, A Little Better = 0, Much Better=1

Categorizing Big Problem, Small Problem, Not a Problem Response Options

Positive response = higher values

Score values for calculating means and standard deviations – Big problem =1, Small Problem = 2, Not a Problem = 3

Score value for calculating rates – Big problem – Small problem = 0, Not a problem = 1

Categorizing Not At All - A Little – Somewhat – A Lot response options

E.g. helped by treatment – positive response = higher values

Score values for calculating means and standard deviations – Not At All – A Little = 1, Somewhat=2, A Lot=3

Score value for calculating rates – Not At All- A little – Somewhat =0, A Lot =1

Categorizing Yes-No Response Options

Positive response = higher values

e.g. I was given adequate information – Yes = positive response - coded as 1

e.g. clinician revealed private info re me – Yes = negative response – coded as 0

Score values for calculating means and standard deviations – positive response =1, negative response= 0

Score value for calculating rates – positive response =1, negative response= 0

Client Satisfaction NotesBiased High – Ceiling Effects

Client satisfaction results generally appear to be biased high – 90% or more of contacted former clients generally report “satisfied” with services received.

Clients may be happy they got their drivers license back, got released from probation, got their children back, etc., or clients may simply be providing the socially desired answer or may not want to believe that services were completely irrelevant.

Client satisfaction surveys useful mainly in the negative.

Recommend that local provider agencies follow-up with every client reporting not being satisfied and determine why and what could have made experience better.

Case Mix Adjust or Stratify

Client characteristics and demographics can affect client progress, client outcomes, client satisfaction with care, and other measures, regardless of quantity, density, and quality of services received. Client problem severity, age, education, and source of payment for health care services often affect client progress, client outcome, and client satisfaction measures regardless of the quality of service received. For example, clients whose services were fully paid by insurance or government benefits generally rate the quality of services received higher than other clients with similar treatment experiences. Older clients and clients with less education also rate the quality of services received higher than do other groups with similar treatment (Source: ECHO). Clients with greater problem severity have less progress during services, have poorer outcomes, and have lower satisfaction with services than do other groups. Local AOD service providers may differ significantly on these client characteristics (often related to the levels of care offered by each provider and the demographics of the population in the provider catchment area). Case-mix adjustment and stratification techniques attempt to remove these effects so that provider performance can be more equitably compared. After adjustments for case-mix, any remaining differences among providers on measures of client progress, client outcomes, etc are more reflective of actual differences in provider performance rather than a reflection of differences in the characteristics of the clients served by each provider.

Potential Measures and Goals

Goal - client satisfaction with services received – example: 90% or higher reporting “satisfied”

Goal - client self-assessment of services quality – example: minimum xx% rating quality 9 or higher on 0-10 scale

Note: generally biased high, ceiling effect

Goal – Make at least 3 attempts to contact each client who reported general dissatisfaction with services received

Example goal 80% or more of all dissatisfied clients will have at keep three documented attempts over different days and times of day to contact and interview about their experience

[Alt xx% (e.g. 67%) of all dissatisfied clients will be personally contacted and interviewed about their experience] – improve contact and interview performance over time with specific percentage goals and dates

Other Measures as Potential Alternatives to Client Satisfaction MeasuresClient Self-Perception of Progress and Outcomes of Services Received

How much were you helped by the counseling or treatment you got – minimum x% saying “a lot etc”

What effect has the counseling or treatment you got had on the quality of your life – minimum x% saying great improvement etc

Compared to xx 12 months ago, how would you rate your problems or symptoms now – minimum x% saying much better etc

In general, how would you rate your recovery now? – min x% saying xx etc

Goal – Make at least 3 attempts to contact each client who reported inadequate progress or outcomes from services received

Example goal - 80% or more of all clients dissatisfied with progress will have at least three documented attempts over different days and times of day to contact and interview about their experience and attempt to re-engage into services

[Alt xx% (e.g. 67%) of all clients dissatisfied with their progress will be personally contacted and interview about their experience and personally encourage to re-enter services if appropriate] – improve contact and interview performance over time with specific percentage goals and dates